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UNCLAS SECTION 01 OF 02 OTTAWA 001043

SIPDIS

STATE FOR WGSARS, OES/PCI, WHA/CAN (RUNNING)

HHS FOR OFFICE OF THE SECRETARY, OFFICE OF
INTERNATIONAL AFFAIRS (STEIGER)

CDC for Global Health Office (Cox) and Epidemiology
Program Office

E.O. 12958: N/A

TAGS: [TBIO](#) [AMED](#) [CA](#) [SARS](#)

SUBJECT: WGSARS: Canada-wide Status Report April 10
(Number 1)

Ref. (A) Toronto 01048 and previous

1. As of April 9, 2003, Health Canada has received reports of 242 probable or suspect cases of severe acute respiratory syndrome (SARS) in Canada. There have been 10 deaths in Canada. All Canadian cases have occurred in persons who have traveled to Asia or had contact with SARS cases in the household or in a health-care setting. Health Canada has compiled the following figures regarding the SARS outbreak in Canada, accurate as of 13:00 EDT, April 09:

2. Number of Cases:

Ontario is reporting 94 probable and 101 suspect cases. All cases have occurred in persons who have traveled to Asia or had contact with SARS cases in the household or in a health-care setting.

British Columbia is reporting 3 probable and 31 suspect cases.
New Brunswick is reporting 2 suspect cases.
Saskatchewan is reporting 1 suspect case.
Alberta is reporting 6 suspect cases.
Prince Edward Island is reporting 4 suspect cases.

3. Health Canada provides the following definitions: A "suspect" case of SARS is a person who fits into one of the following two categories: a person who develops fever and one or more respiratory symptoms, including cough, shortness of breath or difficulty breathing, within 10 days of returning from travel to areas in Asia where SARS cases are being reported, or a person who develops fever and one or more respiratory symptoms, including cough, shortness of breath or difficulty breathing, within 10 days of having had close contact with a "probable" case of SARS (i.e. within one meter).

4. A "probable" case of SARS is similar to a suspect case, but often the case has a more severe illness, with progressive shortness of breath and difficulty breathing, and in some cases, chest x-rays shows signs of atypical pneumonia. Health Canada emphasizes that the above descriptions of a probable and suspect case are provided for communication purposes and not for scientific purposes.

5. Fatalities:

10, all clustered in Toronto, Ontario.

6. Provincial Health Status Level:

Reflecting the relative severity of the outbreak in Ontario, that province is the only one to have declared a provincial Health emergency, doing so on March 26th. Also, on March 26, Ontario made SARS a reportable disease under the provincial health statute.

British Columbia added SARS to the list of reportable communicable diseases in B.C. on April 1st. While any unusual communicable disease like SARS is already considered reportable under the B.C. Health Act, SARS was specifically added by name to listing of disease under the communicable disease regulations for greater surety.

In tiny Prince Edward Island (about the size of Delaware), SARS has also been made a reportable disease under the province's public health act.

In all other provinces, the standard approach has been the provincial medical officers of health, in coordination with Health Canada, have issued advisories to physicians and healthcare workers outlining SARS symptoms and "at-risk" indicia, and defining the course

of action to take.

[17](#). Federal Assistance & Health Asset Deployments: The focus of federal assistance is on Toronto, the epicenter of the Canadian SARS outbreak.

A Health Canada SARS Team of physicians and nurses has been deployed to Pearson International Airport (Toronto) to provide information to airline and airport staff. Health Canada has also sent quarantine officers to Vancouver and Dorval (Montreal) International Airports to support airport staff. These health professionals are monitoring passengers arriving on direct flights from Hong Kong, Singapore and Beijing; passing out Health Alert Notices to incoming passengers; and supporting airport staff. Health Canada staff at Toronto's Pearson International airports also inform all departing travelers from that airport about the symptoms of SARS and advise those who have symptoms, or been in contact with a SARS affected person, or visited a SARS affected facility, to defer travel and seek medical attention.

At the request of Ontario, Health Canada shipped 10,000 masks to Toronto as a stopgap measure until the province receives additional masks from its supplier. These masks are part of Health Canada's national emergency stockpile (National Emergency Stockpile System).

Health Canada has deployed a total of 14 personnel to Ontario to assist Toronto's public health unit and the Ontario Ministry of Health with the investigation of the SARS cases. Health Canada has also provided guidelines for infection control and recommendations on actions for public health settings.

Health Canada has provided two mobile x-ray machines and processors to Toronto for two isolation units that have been set up in non-hospital facilities. [18](#). Extensive public information on SARS situation in Canada is made available by Health Canada at the following URL:

www.sars.gc.ca

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